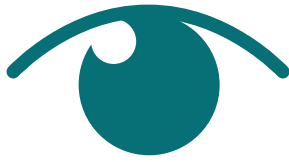


ADVANCED EYE CARE. HOMETOWN CONVENIENCE.®



**OPHTHALMIC
CONSULTANTS**
of the Capital Region



Cataract Surgery GUIDE

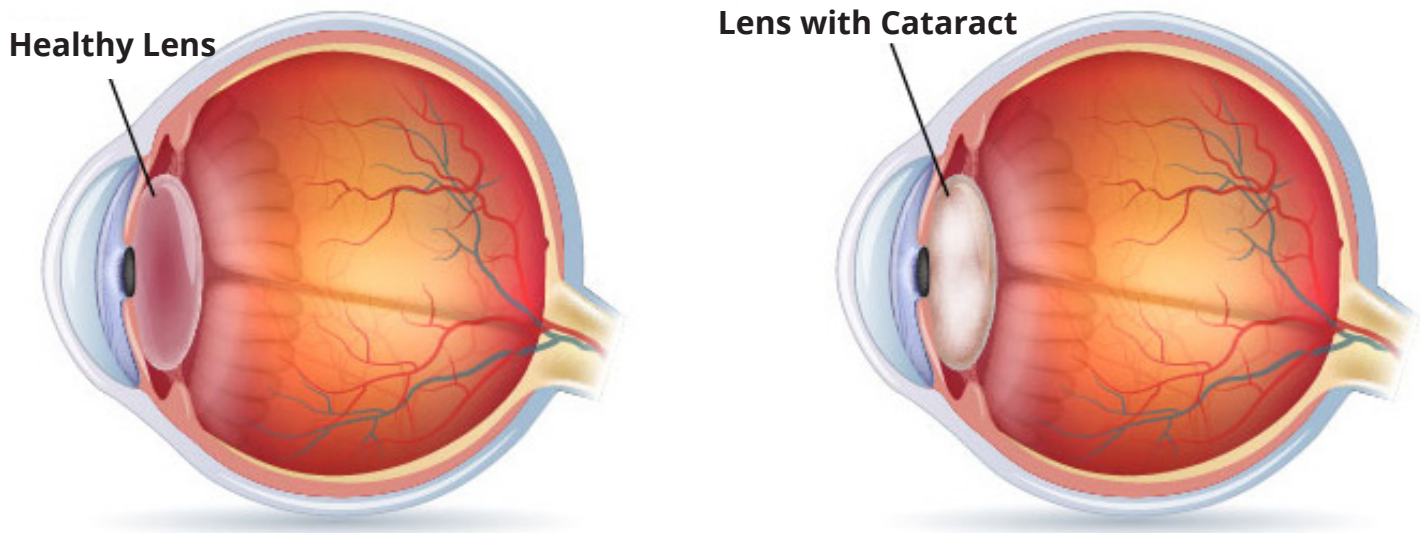
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**We get that eye surgery can be a bit scary.
We hope this guide helps you better understand
what to expect and help you make all the right
choices. Your vision is precious.**

What are Cataracts?

Cataracts are the clouding of the eye's natural lenses, and along with gray hair and wrinkles, cataracts are part of the inevitable aging process.



Causes of Cataracts

Besides getting older, other factors may cause cataracts to form including:

- Family history
- Medications (such as steroids)
- Injuries or exposure to intense heat or radiation
- Exposure to UV (ultraviolet) light
- Various diseases, such as diabetes or metabolic disorders
- Eye and some head injuries

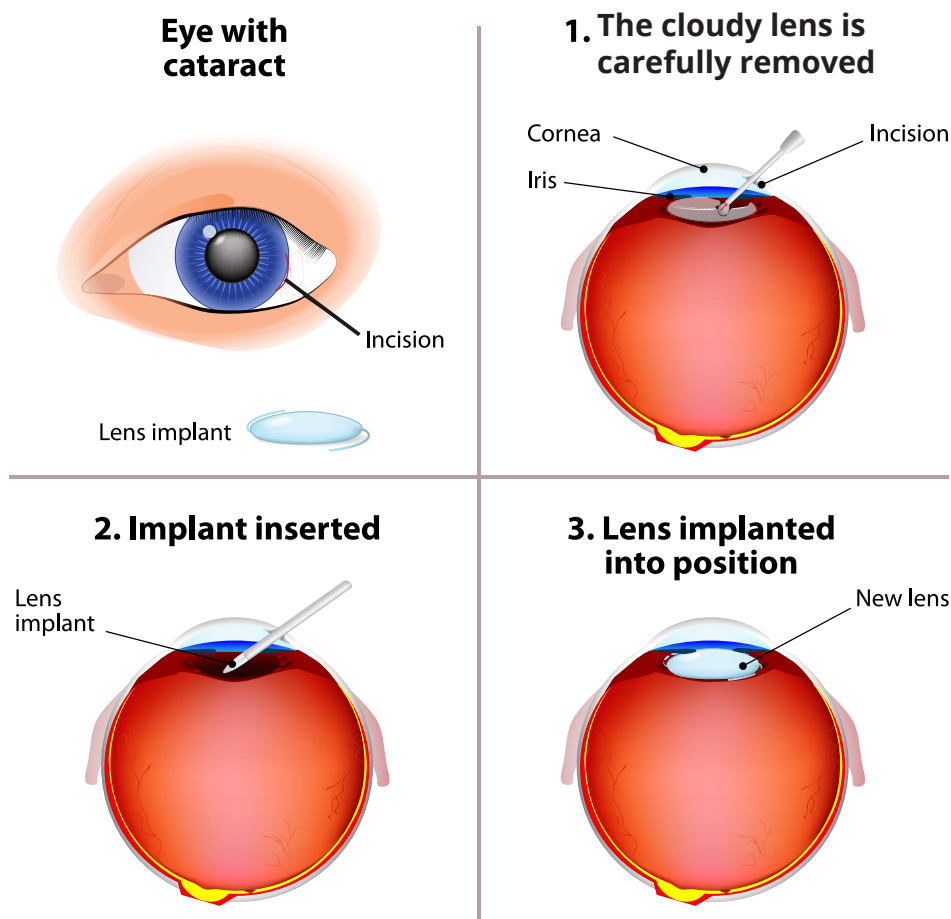
According to the American Academy of Ophthalmology, close to 25.7 million Americans over age 40 have cataracts and the number is projected to increase to 45.6 million by 2050. In fact, cataract surgery is the most common elective surgical procedure among patients over the age of 65 in North America.

Treatment of Cataracts

Cataract surgery involves removing the eye's clouded lens and replacing it with an artificial version called an intraocular lens (IOL). The success rate for cataract surgery is high, and the rate of vision-threatening complications are low.



The surgical procedure of replacing the lens in the eye with an IOL usually takes only about 15 minutes to perform. The method used most often at Ophthalmic Consultants of the Capital Region is phacoemulsification (ultrasound). It offers good long-term results, and 98% of all cases done by an experienced surgeon are successful and free of complication.



When to Have Cataract Surgery?

Since cataracts take years to develop, most patients are totally unaware of their impact on daily life. Because of the gradual onset, we've even seen patients who are already legally blind from cataracts that we can fix.

If you are over the age of 60 and experiencing hazy, cloudy, or blurred vision, there is a good chance you may have cataracts. Early on, cataract symptoms can be very mild. Driving at night is when many people first notice the signs of having cataracts. They may experience distracting glare from oncoming headlights or find it harder to read street signs. Oftentimes, reading in low light will be difficult.

SIGNS YOU MAY HAVE CATARACTS:

- Decline in your distance and reading vision
- Hazy, fuzzy, cloudy, or blurred vision
- Increased sensitivity to light and glare (especially at night)
- Lower night vision
- Thinking your eyeglasses are dirty, but they're not

The decision for cataract surgery is based on when visual difficulties begin to interfere with normal activities of daily living, like driving, reading, work, or hobbies. Poor vision due to cataracts can be a serious health risk. If you can't see something in your path due to the cataract, you may trip or fall, leading to an injury.



Benefits of Cataract Surgery

Research has found cataract surgery can...

1. Improve your quality of life

Cataracts may prevent you from doing everyday tasks such as reading or driving, as well as other tasks you could do without the cataracts. This also includes activities you do for fun like golfing or tennis. You may feel less independent and more socially withdrawn.

A 2013 study found that quality of life for those who had cataract surgery improved by 36 percent after surgery when comparing those patients to people who didn't have the surgery.

2. Decrease your risk of falls and fractures

As we age, falls can become more dangerous and vision loss can be a huge contributing factor in falling. A study published in 2012 evaluated Medicare beneficiaries (age 65 and over) diagnosed with cataracts. Overall, the findings associated cataract surgery with a 16 percent decrease in the odds of hip fracture one year after the procedure. For those with severe cataracts, surgery decreased the odds of a hip fracture by 23 percent. Hip fractures can be severe when you're over the age of 65.

3. Improve your chances of living longer

Results of a long-term study published in 2013 associated cataract surgery with significantly better long-term survival of older people.

The study showed a 40 percent reduction in mortality risk for people who had cataract surgery, when comparing them with those who didn't have it—which simply means you improve your odds of living longer if you have the surgery.



The Do's & Don'ts of Finding the RIGHT Cataract Surgeon



DO GET REFERRALS

A great place to start your search is talking to your primary care doctor, family, and friends. Get recommendations and if they have had cataract surgery in the past, make sure you ask about their experience. When talking with friends and family, it's also important to ask how they chose their surgeon. Key questions are: How did the surgeon communicate regarding the surgery? How was the actual surgery experience?



DO RESEARCH ONLINE

Visit the cataract surgeon's website. There should be information regarding the procedure, their experience, and training. When choosing a cataract surgeon it's important to make sure he or she is:

- A board-certified ophthalmologist
- Experienced. You want someone who performs hundreds of procedures a year, not just a few. More surgeries per year, more experience!
- Accepting your insurance
- Experienced in ALL types of FDA approved advanced lens implants, not just standard IOLs.



The Do's & Don'ts of Finding the RIGHT Cataract Surgeon



DO SCHEDULE CATARACT CONSULTATIONS

Before you decide on a cataract surgeon, schedule a cataract consultation. Be sure to ask how many cataract procedures they perform annually, discuss their qualifications and make sure that they have experience implanting all types of intraocular lenses. You need to find a cataract surgeon that you feel comfortable with and can trust with your vision.



DO ASK ABOUT WHERE THE PROCEDURE WILL BE PERFORMED

Will your cataract procedure be performed in a hospital (where they only do a few eye procedures a week) or in a facility that only does eye procedures? It's important to know if the staff and services provided at the facility are geared to patients with eye conditions.



DON'T FEEL LIKE YOU HAVE TO USE THE FIRST CATARACT SURGEON YOU MEET.

It's important to find a skilled cataract surgeon with a lot of experience. They should take the time to discuss any concerns and explain the procedure in detail. If you don't feel comfortable with the first physician you meet, that's OK. Take the time to find the right cataract surgeon for you.



QUICK TIP

Ophthalmic Consultants of the Capital Region performs cataract surgery at the Albany Regional Eye Surgery Center. The Albany Regional Eye Surgery Center consistently scores 99% or better in patient satisfaction.

Intraocular Lens (IOLs) Choice

Monofocal Lenses

A monofocal lens implant is good for distance vision, for example, when you're driving. However, it does not correct intermediate or arms length vision for doing things like seeing the golf ball on the tee, or viewing a computer screen clearly. Furthermore, a monofocal lens implant does not correct near vision for doing things up close such as reading. For these reasons, most patients deciding to have monofocal lens implants will be dependent on glasses most of the time. There is usually no extra out-of-pocket cost with a monofocal lens.

Accommodating Lenses

FDA approved accommodating lenses can shift from near to far vision in response to movements of the muscles in your eye similar to the natural lens in a younger eye. These lenses offer excellent distance and middle vision, but they aren't as reliable for near vision. About 50 percent of patients who have accommodating lenses implanted still need reading glasses. Medicare/insurance usually does NOT cover the cost of an accommodating lens.

Multifocal Lenses

Multifocal lenses have different areas designed for distance, intermediate, and near vision. The brain and eye figure out which part of the lens to use. The main drawback for some patients is multifocal lenses may distort bright light at night, creating more glare and halos. Typically, multifocal lens implants result in the least dependency on eyeglasses. Medicare/insurance does NOT cover the cost of a multifocal lens.



Our primary goal with every cataract surgery procedure is to provide each patient with their best personal vision.

Intraocular Lens (IOLs) Choices

Toric Lenses

These specialized lenses are designed for people with astigmatism. Toric lenses correct your astigmatism, so you may not need distance glasses after surgery. Medicare/insurance usually does NOT cover the cost of a toric lens. In July, 2018 Dr. Allen W. Zieker was the first cataract surgeon in the United States to implant the **ENVISTA® TORIC MX60T INTRAOCULAR LENS**.

TECNIS® SYMPHONY Lenses

The recent FDA approval (2016) of the TECNIS Symphony Intraocular Lens (IOL) is great news for people with cataracts who have trouble reading or focusing on close objects (presbyopia/far-sighted). The Symphony lens is the first extended-range-of-vision IOL designed to correct presbyopia and improve vision in people with cataracts, by improving far, intermediate, and near vision. Results have shown in most patients there is a significantly decreased need for glasses or contact lenses after cataract surgery.

TECNIS Symphony IOL is the first presbyopia-correcting extended-range-of-vision IOL. It delivers a continuous full range of high quality vision with reduced incidence of halos and glare compared to a multifocal IOL, according to the manufacturer. Medicare and/or insurance does NOT cover the cost of a Symphony lens.



There's more to having cataract surgery than just getting rid of cataracts.

Equally important is the goal of maximizing the quality of your vision. With cataract surgery, you'll want to choose a surgeon that has experience with ALL types of FDA approved IOLs such as:

- **Monofocal**
- **Multi-Focal**
- **Accommodating**
- **Toric**
- **TECNIS Symphony**

Astigmatism Correction

Astigmatism is when your cornea is shaped more like a football than a basketball. Many patients don't know they even have astigmatism since the natural lens of the eye can occasionally counter-balance the blur of the curved cornea. Pre-existing astigmatism can be corrected as part of your cataract surgery to improve your vision and help you be less dependent on glasses (or perhaps not even have to wear eyeglasses at all to see clearly at distance after your cataract surgery). If the astigmatism is significant and untreated, it can result in blurred vision.

Pre-existing astigmatism can be corrected during your cataract surgery by two methods:

The first method is a procedure called Limbal Relaxing Incisions (LRI). LRI allows your cataract surgeon to place small peripheral incisions in the cornea to "relax" the astigmatism. Not all cataract surgeons perform the LRI procedure. If you do have an astigmatism and are interested in correcting it during cataract surgery, be sure to ask your surgeon if he can perform the LRI.

The second method for correcting the astigmatism is to replace the lens with a toric lens. The toric IOL contains refractive power, similar to that of a traditional IOL, but with additional focusing power to neutralize the astigmatism.



QUICK TIP

If you have an astigmatism, make sure you choose a cataract surgeon who has experience with LRI. Not all surgeons perform this procedure.


Diagnosis
Astigmatism

Laser Cataract Options

For decades there has been a misconception that all cataract surgery is “laser cataract surgery.” Nothing could be farther from the truth. Today, ALL cataracts are removed by phacoemulsification (ultrasound). With laser cataract surgery, a laser is used to make the incision and lens opening.

At Ophthalmic Consultants of the Capital Region, our Director of Cataract Surgery Dr. Allen Zieker and Dr. Robert Feldman, are certified to use the CATALYS® laser for laser-assisted cataract surgery. Laser cataract surgery may be a good choice for certain patients and we’re happy to offer this service for certain cataract cases such as when a cataract is dense or the opening is difficult to create.

“When we see patients who need cataract surgery, we determine if they would be a candidate for a premium lens as well as the use of the laser, and educate them about the benefits. It is up to the patient to decide if they want traditional surgery or laser cataract surgery.”



“It’s essential that every cataract surgery patient receives a customized treatment plan specific to their vision and lifestyle needs.”

Paying for Cataract Surgery

The average age for cataract surgery is 72, so most patients are covered by Medicare Part B. Surgery to remove cataracts is covered by Medicare, but Medicare only pays expenses directly related to the cataracts. Medicare covers fees from your cataract surgeon and the facility. You will pay a 20 percent Medicare Part B coinsurance for the surgery plus your Medicare deductible.

With cataract surgery, Medicare typically pays for standard monofocal IOLs. However, if you have a premium lens implanted, Medicare does NOT cover the cost of the lens and you'll be responsible for the additional cost. Additionally, Medicare doesn't cover the cost of laser-assisted cataract surgery.

Medicare covers a pre-cataract surgery exam to discuss your cataracts and anesthesia during the surgery. Medicare also covers any follow-up care. You'll pay the 20 percent Medicare coinsurance, plus any Medicare deductible before Medicare pays its share.



QUICK TIP

Your cataract surgeon may recommend a lens or service that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your surgeon is recommending certain services and/or lenses and whether Medicare will pay for them. Call Medicare at 1-800-MEDICARE for more information on Medicare coverage of cataracts surgery and treatment.

Ophthalmic Consultants of the Capital Region Advantage

Experience: Meet Our Cataract Surgeons

ROBERT B. FELDMAN, M.D.

Laser (FEMTO) Cataract, Refractive Cataract Treatment & Surgery

Robert Feldman, M.D. is a fellowship trained, board-certified ophthalmologist and retina specialist with more than 25 years of experience. Dr. Feldman specializes in retina and vitreous surgery and performs cataract surgery at Ophthalmic Consultants of the Capital Region. Prior to joining Ophthalmic Consultants of the Capital Region, Dr. Feldman was in private practice in Florida for many years.

EDUCATION

Dr. Feldman graduated from the University of Michigan with a BS in biomedical sciences and went on to get his medical degree in 1981. Dr. Feldman attended the University of Florida, College of Medicine in Gainesville, Florida for ophthalmology. He did his Fellowship in Retina and Vitreous Surgery at the Mayo Clinic in Rochester, Minnesota.

PROFESSIONAL AFFILIATION & RESEARCH

Dr. Feldman is board-certified by the American Board of Ophthalmology. Dr. Feldman has been a key investigator in many research studies and has been published in several ophthalmology journals.



SHAFIQ JIVANJEE, M.D.

Cataract Surgery and Glaucoma

Shafiq Jivanjee, M.D. is a board-certified glaucoma specialist who brings many years of experience to Ophthalmic Consultants of the Capital Region. After graduating from Tufts University School of Medicine in Boston, MA, Dr. Jivanjee pursued internship training at St. Vincent's Medical Center at Yale University in internal medicine, followed by an ophthalmology residency at the Albany Medical Center.



Intrigued by the complex and multifactorial nature of glaucoma, he chose to enhance his knowledge by undertaking further study and surgical training as a glaucoma fellow at the renowned New York-Presbyterian Hospital at Cornell University in Manhattan, N.Y.

Following his formal training, Dr. Jivanjee entered private practice, gaining valuable real-world experience in glaucoma surgeries, both standard and complex, using the latest techniques and technologies to provide patients with the best care.

Glaucoma continues to be a leading cause of irreversible blindness when unrecognized and untreated. Dr. Jivanjee is devoted to bringing the best in treatment and education to his patients, sparing them from devastating vision loss often associated with glaucoma. To that end, he is committed to offering various medical and surgical options for glaucoma which are often considerably less invasive, more effective, and speedier in recovery than traditional techniques to our patients in the Capital Region.

He is fluent in English, Hindi & Gujarati.

PROFESSIONAL AFFILIATION & RESEARCH

Dr. Jivanjee is especially interested in international health and has been a part of multiple research studies. He has been published in scientific journals including Investigative Ophthalmology & Visual Science and Ophthalmic Surgery and Lasers.

Dr. Jivanjee is a member of the American Society of Cataract and Refractive Surgery (ASCRS), American Academy of Ophthalmology (AAO), and the American Glaucoma Society (AGS).

LEAH T. UMFREY, M.D.

Cataract Surgery and Glaucoma

Dr. Umfrey is a board-certified ophthalmologist who specializes in glaucoma management, treatment and surgery.

EDUCATION

Leah T. Umfrey is a fellow of the American Board of Ophthalmology and a member of the American Glaucoma Society. She grew up in Buffalo, NY, and graduated Magna Cum Laude from the University of Pennsylvania in Philadelphia, PA. She then received her Doctor of Medicine from the University of Pittsburgh School of Medicine. She completed her internship in Internal Medicine at Washington Hospital Center, Washington, D.C., and a residency in Ophthalmology at Georgetown University Hospital/Washington Hospital Center in Washington, DC. Dr. Umfrey completed an additional fellowship in glaucoma at the Manhattan, Eye, Ear and Throat Hospital in New York City, NY, under the direction of Celso Tello, MD, and Sung Chul Park, MD.



RESEARCH & PRESENTATIONS

Dr. Umfrey has worked on several research projects and will play an important role in ongoing research studies at Ophthalmic Consultants. Past research areas include:

- Glaucoma drop adherence rates following a phone call intervention.
- Visual Outcomes in Patients with Asteroid Hyalosis following Pars Plana Vitrectomy.
- Educational Intervention on managing acute eye complaints for physician assistants in the emergency care setting.
- Thyroid Eye Disease Outcomes Following Surgical vs Medical Treatment.

PRESENTATIONS

- A Case of Bilateral Idiopathic Peripheral Ulcerative Keratitis associated with pityriasis lichenoides et varioliformis acuta (PLEVA).
- Filamentary Fungal Keratitis Refractory to Natamycin: A Case Report of Alternaria Keratitis.
- Laser Peripheral Iridotomy for the Prevention of Angle Closure: the Zhongshan Angle Closure Prevention (ZAP) Trial.
- Comparison of Endothelial Cell Loss and Complications Following DMEK with the Use of Three Different Graft Injectors.
- OCT in the Management of Glaucoma: Pearls and Pitfalls.
- Hydroxyapatite vs Medpor Orbital Implants.
- A Worldwide Price Comparison of Glaucoma Medications, Laser Trabeculoplasty and Trabeculectomy Surgery.

Dr. Umfrey's volunteer activities have included performing pediatric vision screenings for the Prevention of Blindness Society, providing free eye care services to underserved populations in Pennsylvania, Ohio and West Virginia, and acting as a Spanish-speaking translator for patients at Birmingham Clinic, a free eye clinic in Pittsburgh.

Dr. Umfrey speaks English natively and is fluent in Spanish at the bilingual level.

ALLEN W. ZIEKER, M.D.

Cataract Surgery and Glaucoma

Dr. Allen Zieker has been in practice as an ophthalmologist for more than 33 years. Working with cataract patients is his passion; in fact, Dr. Zieker performs more than 1,500 cataract surgeries annually. During his career, he has completed well over 7,000 laser procedures and several thousand astigmatic surgeries.

In 2018 Dr. Allen Zieker was the first cataract surgeon in the United States to implant the enVista® toric MX60T intraocular lens. In 2019, he was one of the first surgeons in upstate New York to implant the Hydrus® Microstent in glaucoma patients during cataract surgery. Dr. Allen Zieker is at the forefront of eye care, seeking out the latest advancements in technology and treatment options.



Dr. Allen Zieker was a partner of the former Troy Eye Associates and a founding member of Albany-Troy Cataract and Laser Associates. Expansion into communities surrounding Albany and Troy led to the renaming of the practice to Ophthalmic Consultants of the Capital Region. The goal of the expansion is to better serve patients from all the areas of the Capital District. Dr. Allen Zieker is the director of cataract surgery.

EDUCATION

Dr. Allen Zieker received his Bachelor of Science in Biology from Mount Saint Mary's College in Maryland and his M.D. at the Albany Medical College of Union University. After finishing a residency in internal medicine in Connecticut, he then completed an ophthalmology residency at the Albany Medical Center Hospital in 1981.

PROFESSIONAL AFFILIATIONS & MISSION WORK

Dr. Allen Zieker is a board-certified ophthalmologist, a fellow of the American Academy of Ophthalmology, and member of the American Academy of Cataract and Refractive Surgeons. Dr. Allen Zieker is the Medical Director and one of the founding members of the Albany Regional Eye Surgery Center. Dr. Allen Zieker has made several mission trips to underprivileged countries to perform cataract surgery.

He is noted on the Who's Who as a top doctor

DR. ALLEN ZIEKER PODCAST

To listen to the podcast of the program, click here: <http://wamc.org/post/medical-monday-dr-allen-zieker-ophthalmology#stream/0>

Possible Cataract Surgery Complications

Before we discuss the possible complications that could happen with cataract surgery, it's important to stress that the possibility of serious complications developing as a result of cataract surgery is very low. In fact, fewer than 5 out of 100 people have complications from cataract surgery that could threaten their sight or require further surgery. The majority of common complications are often easy to treat and don't have a lasting effect on your vision.

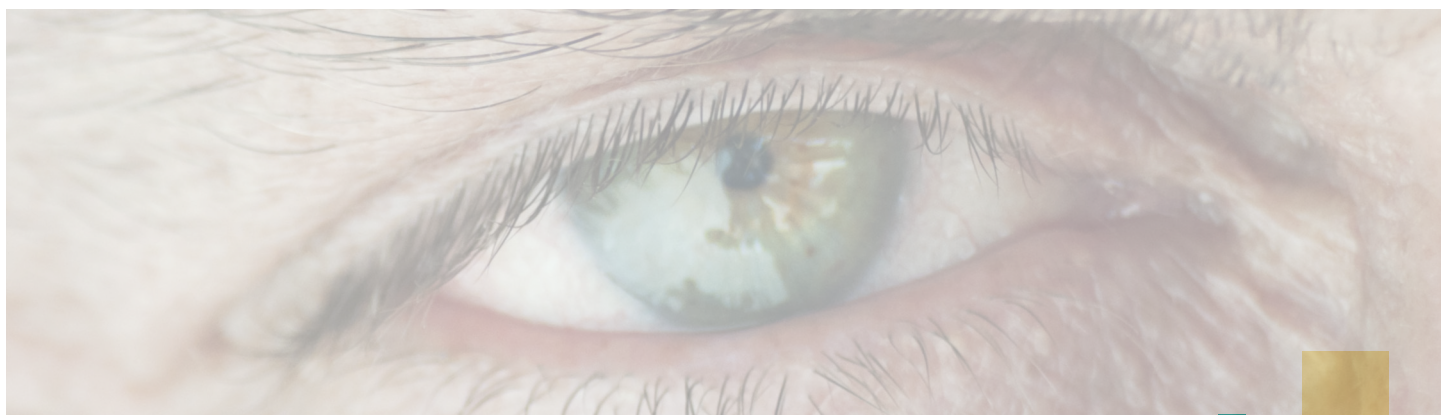
As with any surgery, your overall health is an important factor in cataract surgery success. Additionally, the risks of complications are greater in people who currently have eye condition such as diabetic retinopathy, uveitis (an inflammation of the middle layer of the eye called the uvea), and very significant near-sightedness.

Cloudy Vision

The most common problem that can occur after cataract surgery is a condition called posterior capsule opacification (PCO) or secondary cataract. PCO occurs in approximately 35 percent of patients nationally, about 19 percent in Dr. Allen Zieker's practice because he utilizes special techniques to decrease the opacification.

PCO occurs when there is a thickening of the back (posterior) of the lens capsule which holds your artificial lens in place. Typically, the lens capsule is clear and very thin at the time of surgery. This thickening of the capsule causes your vision to become cloudy. If it is going to happen, it usually comes about within one to six years after cataract surgery.

If you do develop PCO and have cloudy vision, it's typically corrected with a 5-minute laser eye procedure, after your eye is dilated, where the cloudy part of the lens capsule will be opened, leaving the surrounding capsule to hold the artificial lens in place.



Possible Cataract Surgery Complications

Other Cataract Surgery Complications

Other eye complications during cataract surgery which occur in LESS THAN 2 percent of surgeries and usually can be adjusted with time or an additional procedure, but can include:

During the surgical procedure:

- Failure to take out all of the cataract
- Bleeding inside the eye
- A small portion of cataract falling into the back of the eye
- Tearing of the lens capsule
- Injury to other parts of the eye

Very rare issues with cataract surgery:

- Retinal detachment—a very uncommon complication where the retina becomes detached from the inner wall of the eye (less than 1 percent)
- Infection in the eye (less than 1/2,000)
- Dislocated intraocular lens
- Glaucoma (very rare and treatable)

After cataract surgery:

Swelling and redness (inflammation) in the eye, including the retina and/or cornea
Issues with glare can occur from 5-20 percent.



Choose your cataract surgeon carefully!
The most important factor in your cataract surgery is your choice of cataract surgeon. In most situations, the more experience your cataract surgeon has, the less likely you are to have complications due to surgery.

Cataract Surgery Recovery

DIRECTLY AFTER CATARACT SURGERY

Directly after cataract surgery, you will need to have someone drive you home. Most patients feel tired after surgery, so taking a nap is recommended. For the five hours after surgery, you'll need to wear a protective shield over the eye from which you had the cataract removed.

Recovery from cataract surgery is usually easy and without incident. Typically, less than 1 patient in 10 takes a single dose of Tylenol. To ensure the best possible outcome and to minimize your risk of complications after cataract surgery, it's important to carefully follow your doctor's post-operative instructions.

Frequently, patients can experience a dimness in the operative eye typically improving 48 hours post-op. This can be more noticeable in dim light situations.

Most patients see clearly the day after surgery, with little or no discomfort, but this can vary from patient to patient. Symptoms you may experience include mild pain in or around the eye, itchy and/or sticky eye, blurred vision, feeling of grittiness in the eye, slight headache, bruising around the eye, and sensitivity and/or halos when looking at bright lights. These are normal symptoms that will typically diminish within a few days.

Below is a typical operating room where our cataract surgeons perform surgery.



Cataract Surgery Recovery

FOR THE FIRST 2 WEEKS AFTER SURGERY YOU'LL HAVE THE FOLLOWING RESTRICTIONS:

- Any significant worsening of vision or pain not relieved by Tylenol/artificial tears require calling our office immediately.
- Do not rub the eye at any time; rubbing may cause an infection or other issues resulting in vision loss or loss of your eye.
- Must wear the shield while sleeping or napping.
- No sleeping on the surgical side or your stomach.
- No eye makeup, hot tubs or swimming pools etc. for 3 weeks after surgery.
- No bending fully at your waist where your **head goes below your heart** (e.g. to put your shoes on or pick something up.) You may squat down to pick things up and look down bending your neck.
- Shower/shampoo with the shield taped on and holding a dry washcloth over the shield.
- When washing your face, do not touch below the brow or above cheekbone, do not get soap/water in eye.
- For crusting/dried drop residue on lashes you may wet a tissue and gently drag back and forth over closed eye multiple times to loosen eyelash debris. No pressure is required, just repeat as necessary. It may be easier to have someone you trust help you.
- You may resume REDUCED regular exercise 1-2 days post-op; discuss with the doctor.
- Do not blot/push on the eye with a tissue. Wipe tears once they are below the cheekbone.
- You may use preservative-free artificial tears (Refresh®, Optive®, Genteal®, or Systane®) as much as needed to sooth irritation (do not use within 15 minutes of other post-operative drops.)
- You may wear your old glasses if they're not too blurry, dark glasses, or a pair of clear safety glasses for your comfort. You may notice between eye surgeries that your eyes don't work well together (e.g. depth perception or reading); this is normal.
- Ask your cataract surgeon if you are legal to drive during your recovery. Most patients are able to drive the day after surgery.

4-6 WEEKS AFTER CATARACT SURGERY:

Within 4 to 6 weeks after cataract surgery, your eye should be comfortable and your vision should be much improved. If you have residual nearsightedness, farsightedness or astigmatism, you may need prescription eyeglasses. Final eyeglass prescriptions for the fine-tuning of distance vision and/or reading will be done 4 to 6 weeks after your second eye surgery (same time frame if you are only having surgery in one eye.)

Frequently Asked Questions

WHAT CAN I DO WHEN I GO HOME AFTERWARD? Take it easy, rest and don't plan on doing any important paperwork or making any decisions. You'll probably feel like taking a nap at some point.

WILL I BE WEARING A PATCH AFTER SURGERY? You will be sent home on the day of surgery with a shield, you will continue to use this shield when sleeping for two weeks following the surgery.

HOW SOON WILL I SEE AFTER SURGERY? Vision on the day of surgery is quite variable from one eye to the next, even for the same patient. It is usually blurry in all patients on and off during the first day. You usually experience your best vision after cataract surgery 1 to 4 weeks post-operation. Glaucoma surgery patients may need longer healing time before returning to maximum vision.



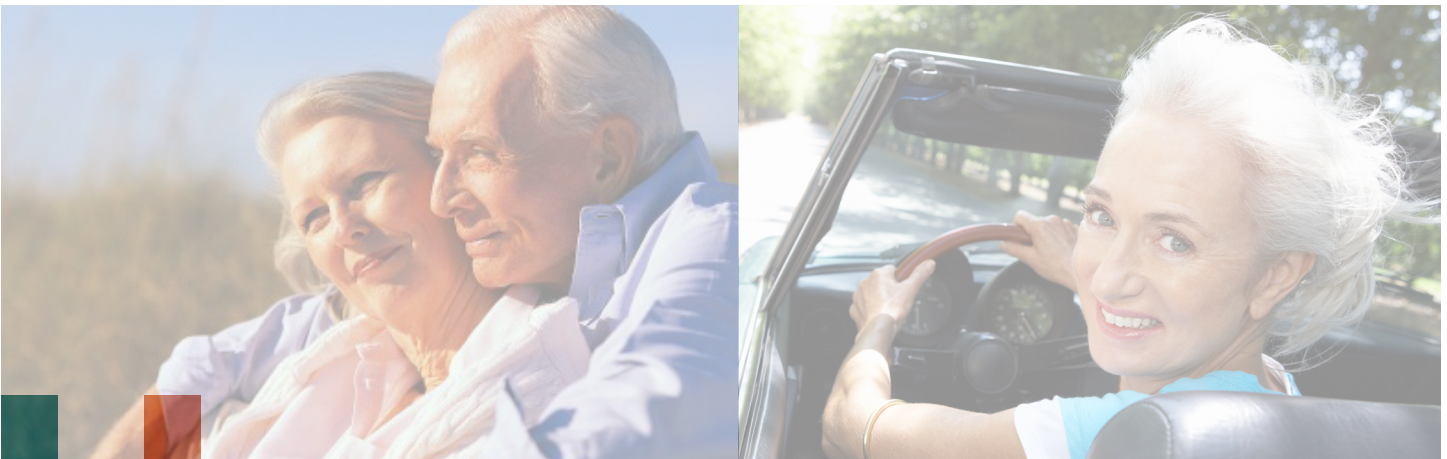
Frequently Asked Questions

WILL I NEED GLASSES AFTER SURGERY? Many of our patients see very well and function well without glasses, especially at distance. However, all patients must be prepared to wear glasses for optimal vision. Visual needs vary greatly among patients. As a result, our surgeons personalize your surgery and strive for the best surgical result to meet your needs and requirements. If there is a large difference between the glasses required before surgery and the desired goal of your surgery, you may be inconvenienced for the two weeks between the first and second eye surgery because it is hard to please both eyes with very different eyeglass prescriptions. The problem will be resolved when the second eye is done.

WHEN CAN I RETURN TO WORK? This varies among patients. Typically, most patients return to work the day after their post op appointment.

WHEN CAN I RESUME MY NORMAL ACTIVITIES? Most patients return to normal activities in 2 to 3 weeks following surgery, depending however, on what you consider normal.

WHEN CAN I DRIVE AFTER MY SURGERY? If your vision is good at your one day post-op, you may drive the same day. Be prepared to have someone else drive if your vision is not sufficiently clear to drive safely and confidently! Use good judgment and if you have any issues — DON'T DRIVE!





We're here to help. If you would like to schedule a cataract consultation, please contact our Cataract Program Manager, Megan Dow at 518-779-9498.

Megan will be happy to schedule an appointment for you and help you out through the process.

Ophthalmic Consultants of the Capital Region offers a comprehensive model of eye care with experienced specialists, ophthalmologists & optometrists. Locations in Albany, Clifton Park, Schenectady, Schodack, and Troy.